



State of Tennessee
Department of Commerce and Insurance

P. O. Box 198983
Nashville, TN 37219-8983
(615) 741-1670

For Department Use Only

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880/554

Posted by:

POOL SELF-INSURANCE PREMIUM TAX RETURN

For the fiscal year beginning _____, 200____ and ending on _____, 200____

Name of Pool:	Contact Person:
Address (Street Number or P.O. Box):	E-Mail Address:
Phone Number:	Fax Number:

PRIOR FISCAL YEAR TAX RECONCILIATION

1. **Workers' Compensation Tax** on Actual Premium Collected Prior Fiscal Year
2. **TOSHA Surcharge** from the prior fiscal year :
 - 2a. **TOSHA Premium and Tax** subject to surcharge (prior fiscal year)
 - 2b. **TOSHA Premium and Tax NOT** subject to surcharge (prior fiscal year)
3. <Less> **50% TN Investment Credit (If Eligible--Apply to line 1 only)**
4. **Actual Workers' Comp Tax and Surchg** for Prior Fiscal Yr. (line1+2a less line 3)
5. **Audited Financial Statement Filing Fee**

Premium	Tax Rate	Premium Tax
\$	4.00%	\$
\$	0.40%	\$
\$		
		\$ ()
		\$
		515.00
		\$

6. Total Amount Due With This Report (line 4 plus line 5.)

Make Remittance Payable to the Tennessee Dept. of Commerce and Insurance and send to the address listed above.

This Premium Tax Return is due on or before the last day of the sixth (6th) month following the end of the Pool's Fiscal Yr--Tenn.Code Ann. 50-6-405 (c)

Signature and Notarial Seal

State of _____ County of _____

I, _____ (name), do hereby make oath that I am _____ (title of officer)
for the _____ (Pool) and that the foregoing Pool Premium Tax Return
is true and accurate to the best of my knowledge, information, and belief.

Signature of Officer _____

(Notary Public)

(seal)

Subscribed and Sworn before me _____ (date)

My commission expires on _____ (date)